knee OA and ACL macroscopic and histological status is unclear. This study aimed to determine the incidence of prior ACL deficiency or injury in patients undergoing total knee replacement (TKR), the incidence of ACL rupture at TKR and to examine the ACL histologically for degenerative change.
Methods: 95 patients undergoing elective TKR for OA were recruited. Pre-operative knee function was assessed via patient history and standardised questionnaire, and standardised ligament examination, including measurement of laxity using the KT1000 arthrometer. The ACL was examined macroscopically at TKR and 10 ACL specimens were examined histologically.
Results: The ACL was absent in 12% of the patients. No significant correlation was found between the examination findings, pre-operative function and ACL surgical status. The ACL samples all demonstrated degenerative change of varying severities.
Conclusions: ACL rupture is uncommon in patients undergoing TKR for OA, as is previous index injury. The histological findings suggest that degeneration of the ligament occurs in OA, but not that this leads to rupture. In patients with advanced OA, ACL absence does not worsen function.

LATERAL EPICONDYLITIS OF THE ELBOW-ARE PLATELETS THE ANSWER?

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Elbow epicondylar tendinosis is a common problem that usually resolves with nonoperative treatments. Platelets release many bioactive proteins responsible for removal of necrotic tissue and enhance tissue regeneration and healing.Based on this principle platelets are introduced to stimulate a supra-physiologic release of growth factors in an attempt to jump start healing in chronic conditions like lateral epicondylitis. 30 patients met the study criteria and were surgical candidates who had failed conservative treatments. All were treated with one Platelet Rich Plasma(GPS III) injection and their scores evaluated pre and post injection by a Quick DASH score. The average preinjection quick DASH score was 80. 18 patients(60%) noted improvement according to Quick DASH scores(13.50) at 8 weeks, 21 patients(70%) at 6 months, and 20(68)% at final follow-up at 12months. These results were statistically significant($p < 0.05$) for an improvement in outcome. These results compare favorably with other treatments including surgery for lateral epicondylitis. We believe that Platelet rich Plasma(PRP) injection certainly is a useful addition to the orthopaedic surgeons' armamentarium. Even if it does not permanently cure lateral epicondylitis it can certainly provide the patient with quality time for the time its effect lasts.

EMERGENT THORACOTOMY FOR BLUNT TRAUMA-IS THE OUTCOME SO BAD?

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Introduction: Survival after blunt trauma thoracotomy is rare and blunt mechanism is often considered a contraindication. We reviewd all blunt trauma patients who underwent a thoracotomy at our institution since 2004.
Results: Since 2004, 33 patients underwent resuscitative thoracotomy following blunt trauma. 21 patients were male and the median age was 39. Pedestrians in road traffic collisions and falls from height accounted for over half the patients. 6 patients (18%) survived to neurologically intact hospital discharge. In the survivor group the median initial GCS was 15 (interquartile range 14,15), the systolic blood pressure (SBP) was 102mmHg (76,122) and the median ISS was 32 (21, 38). Of the survivors 3 underwent myocardial repair and 3 required lung repair. In the non survivor group the median presenting GCS was 8 (3, 14), the SBP was 85mmHg (65, 99) and the median ISS was 38 (29, 43). There was no significant difference in the mean ISS for the two groups. In the non survivor group the chest was the most severely injured body region in 22 patients.
Conclusions: The survival rate of 18% is below the survival rate for penetrating trauma in this institution but compares favorably with other published blunt survival rates.

IS OTITIS MEDIA WITH EFFUSION (OME) CAUSED BY BACTERIA IN A BIOFILM? ELUCIDATING THE PATHOGENESIS OF OME.

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Otitis media with effusion (OME) is the leading cause of deafness in the developed world affecting 80% of preschool children and left undetected, can lead to learning and developmental problems. It is characterised by the presence of a middle ear effusion for 3 months or more with a general absence of gross signs of infection. It is diagnosed in 180,000 children/year and costs the NHS £18.5million/year to manage surgically and is currently the only effective treatment to restore hearing. Elucidating the role of bacteria in the pathogenesis of OME is therefore imperative to allow an alternative treatment for OME. Using microbiology and confocal laser scanning microscopy we identified the bacteria found within the effusions and demonstrated a wide array of bacteria is often clustered together and enveloped within mucus. In order to assess the ability of bacteria to form a biofilm, a novel bacterial adhesion assay demonstrated the ability of bacteria to adhere to mucosal cells. Studies on the implications of this for the pathogenesis of OME are continuing. Elucidation of a mechanism that is employed by bacteria in the progression of this disease would allow more targeted therapies to be developed and to eventually obviate the need for surgery.

PROSPECTIVE AUDIT ON THE OUTPATIENT MANAGEMENT OF PERITONSILLAR ABSCESS

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Introduction: In the UK most patients with peritonsillar abscess (PTA) are managed as inpatients. This contradicts routine practice in other developed countries. There appears to be no consensus over the setting in which PTA patients should be managed (inpatient vs. outpatient) leading to numerous avoidable acute hospital admissions.
Method: Completed audit cycle over 18 months. First cycle (2008): retrospective study of management of all PTA patients presenting in A&E over one year. Intervention: introduction of treatment protocol and formal lectures to educate A&E doctors. Second cycle (2009): prospective evaluation of management of PTA patients in A&E and assessment of patient satisfaction with outpatient management by telephone survey.
Results: Significant drop in hospital admissions from 69% to 21%. Significant increase in the proportion of patients satisfied with the treatment they received from 23% to 68%. No adverse outcomes from implementation of routine outpatient management.
Conclusion: Managing patients with PTA on an outpatient basis is feasible and safe. It leads to significant improvement in all aspects of patient care and increases patient satisfaction. Finally, it reduces the financial impact to the trust by decreasing the number of hospital admissions at a time where resources and bed availability in the NHS are limited.